


SERIAL NUMBER 09/341,065	FILING DATE 06/29/99	CLASS 607	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. MDSL-110
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APPLICANT

IDO SCHOENBERG, TEL AVIV, ISRAEL; PHYLLIS GOTLIB, TEL AVIV, ISRAEL; ROY SCHOENBERG, TEL AVIV, ISRAEL; HAGAI SHERLIN, NATANYA, ISRAEL.

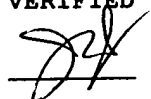
****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/034,111 12/30/96



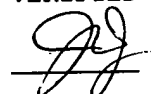
****371 (NAT'L STAGE) DATA*******

VERIFIED THIS APPLN IS A 371 OF PCT/IB97/01606 12/29/97



****FOREIGN APPLICATIONS*******

VERIFIED



IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/06/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ILX	SHEETS DRAWING 5	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 6
Verified and Acknowledged			Examiner's Initials	Initials		

ADDRESS: MARK G LAPPIN
LAPPIN & KUSMER
200 STATE STREET
BOSTON MA 02109

TITLE

MEDICAL INFORMATION SYSTEM

FILING FEE RECEIVED \$782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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